

PART B - FEE(S) TRANSMITTAL

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06/03/2009

ALLERGAN, INC.

2525 DUPONT DRIVE, T2-7H

IRVINE, CA 92612-1599

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Bonnie Ferguson

(Depositor's name)

Bonnie Ferguson

(Signature)

8-25-09

(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
10/598,073	08/17/2006	Ester Fernandez-Salas	17596(BOT)	9808

TITLE OF INVENTION: BOTULINUM TOXIN SCREENING ASSAYS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/03/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
PORTRNER, VIRGINIA ALLEN	1645	435-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.362).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Dean G. Stathakis

2. Joel B. German

3. Debra Condino

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Allergan, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Irvine, California USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-0885 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Dean G. Stathakis

Date

8/24/09

Typed or printed name

Registration No.

54,465

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